

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>	<i>1-1</i>	<i>4/21/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		<i>70721</i>	<i>4/21/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	10	
2	✓	21	
3		22	
4		23	
5		02	
6	✓	03	
7		04	
8		✓	
9		✓	
10	✓	✓	
11	✓	✓	
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15	✓		
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46	✓		
47	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet h r

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